Murrumbidgee LHD Public Mental Health Services in the North East/Border Region

Dear Member,

Attached is summary of the service plan for public mental health services in the North East/Border Region.

This service plan was commissioned by Albury Wodonga Health and Murrumbidgee Local Health District to provide a basis for discussion between NSW Health and the Victorian Department of Health regarding the transfer of Albury-based clinical mental health and drug and alcohol services to Albury Wodonga Health. The North East and Border Mental Health Service will be a Victorian service, and its locations and resources will be planned by Albury Wodonga Health consistent with Victorian Government requirements in the first instance and in discussion with NSW Health.

Consistent with the existing inter-governmental agreement under which Albury Wodonga Health operates, overall service activity will be reported to the Victorian Government, which will be responsible for ongoing funding. The Victorian Department of Health will be responsible for reporting to NSW Health, which will reimburse the Victorian government for services provided to New South Wales residents. Existing service reporting requirements to the New South Wales Government will be retained where required.

If you have any concerns, please contact your local organiser Judy Owen on 0447 245 492 or the HSU Member Service Centre on 1300 478 679.

Yours sincerely,

Gerard Hayes
Secretary, HSU NSW/ACT
Albury Wodonga Health and Murrumbidgee Local Health District

Summary of service plan for public mental health services in the North East / Border region
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1 Introduction

This service plan was commissioned by Albury Wodonga Health and Murrumbidgee Local Health District, to provide a basis for discussion between NSW Health and the Victorian Department of Health regarding transfer of Albury-based clinical mental health and drug and alcohol services to Albury Wodonga Health.

The North East and Border Mental Health Service will be a Victorian service, and its locations and resources will be planned by Albury Wodonga Health consistent with Victorian Government requirements in the first instance and in discussion with NSW Health. Consistent with the existing Inter-Governmental Agreement under which Albury Wodonga Health operates, overall service activity will be reported to the Victorian Government which will be responsible for ongoing funding. The Victorian Department of Health will be responsible for reporting to NSW Health, who will reimburse the Victorian Government for services provided to New South Wales residents. Existing service reporting requirements to the New South Wales Government will be retained where required.

1.1 Purpose and scope of service plan

A service plan describes what services need to be delivered and how services need to change in order to meet increased demand and changing community expectations. The North East and Border public mental health service plan will propose a mix of services that mean most residents of the Border and East Hume region can access both primary and complex mental health care and drug and alcohol services close to home. It may recommend that some new service types should be developed, that some existing services should be increased, and/or that the way some services are provided could be improved.

This service plan will describe current and proposed governance arrangements, service models, locations and service volumes for:

- Acute mental health inpatient services across the North East and Border catchment and in Wagga Wagga
- Sub-acute residential and community-based mental health services across the North East and Border catchment
- Community-based clinical mental health services across the North East and Border catchment
- Community-based drug and alcohol services in Albury, Corowa and Culcairn.

1.2 Methodology

To inform the development of the Service Plan, we analysed population data and the policy and planning context, and consulted with stakeholders and staff. We found there is strong support amongst staff and stakeholders for the transfer of Albury inpatient and community-based mental health services to the North East and Border Mental Health Service. All of the people who participated in the consultation and workshop program were keen to make the services transfer work for the benefit of catchment residents with mental illness, and to provide seamless and integrated models of care and care pathways that respond to the needs of individual consumers.

The service plan has been managed by a Project Control Group including senior managers of Albury Wodonga Health and Murrumbidgee Local Health District. Project Control Group members are listed in Table 1. We thank the members of the Project Control Group for their thoughtful direction and guidance.

Table 1 Project Control Group members

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Representative name and title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albury Wodonga Health</td>
<td>Stuart McIntosh, Transition Manager Mental Health</td>
</tr>
<tr>
<td></td>
<td>Peter Collicoa, Executive Director-Northeast and Border Mental Health Service</td>
</tr>
<tr>
<td>Murrumbidgee Local Health District</td>
<td>Richard McClelland, Director Executive Services</td>
</tr>
<tr>
<td></td>
<td>Robyn Manzie, Director Mental Health and Drug and Alcohol</td>
</tr>
</tbody>
</table>

We conducted a series of individual and small-group consultations during December 2012 and January 2013, during which we identified issues and risks to be resolved during the amalgamation and discussed potential service configurations. A list of people consulted is provided at Appendix 1. We are grateful for the support, advice and information provided by the people who participated in these consultations and workshops. Of course, any errors are our responsibility.

We conducted a series of detailed workshops during the last week of January 2013, during which participants from Albury Wodonga Health and Murrumbidgee Local Health District discussed their current
service systems and recommended potential new service configurations and models. Reports from the workshops are provided at Appendix 2.

1.3 Summary of findings

The success of the transfer will depend on careful consideration of complex interactions between consumers and the clinical and non-clinical services on either side of the border. While the goal of the transfer is to provide a single service system in Albury Wodonga and the North East and Border catchment, service providers will operate under the legislative requirements of each State and will need to operate consistently with each State’s clinical and service delivery guidelines. Notwithstanding, this Service Plan aims to provide the basis for developing standard approaches to care for people across the catchment, with individuals’ access to services being assessed according to their needs rather than their postcode.

While most community-based, inpatient and residential service models are consistent between New South Wales and Victoria, there are some significant service model differences:

- Drug and alcohol services in Murrumbidgee Local Health District are provided as a separate clinical stream within the Mental Health and Alcohol and Drug program. In Victoria, drug and alcohol services are provided by independent community-managed organisations in partnership with the clinical mental health services.

- Access, assessment, triage and intake services and processes in Murrumbidgee Local Health District are channelled through the AccessLine service, which refers people to the appropriate service to meet their needs. Victorian residents are encouraged to use a range of access channels including phone-based and walk-in approaches.

- Some service models are provided by public mental health services only on one side of the border. In Victoria these include the Primary Care and Early Intervention Service and the Early Psychosis Service. In New South Wales these include the Mental Health Emergency Consultation Service and the alcohol and drug consultation and liaison service. Both New South Wales and Victorian clinicians have access to highly-specialised services provided within their own state, such as inpatient services for children, personality disorder services or multicultural mental health consultation services.

While it is intended that the North East and Border Mental Health should provide a consistent suite of services across its catchment, some of these service model differences will need to be resolved over time.

The North East and Border Mental Health Service will need to comply with both the Victorian and New South Wales Mental Health Acts and other relevant legislation, as appropriate for the circumstances of the consumer, the services to be provided and the location of service provision. Where the Victorian and New South Wales Governments have mandated particular reporting (for instance to the Chief Psychiatrist), these reports will be provided as required under the Inter-Government Agreement. It is noted that the Australian Government has developed an Activity-Based Funding model which will be applied to the North East and Border Mental Health Service over time and in discussion between the Victorian and New South Wales Governments.
2 Policy and planning context

From 10 December 2012, mental health services in north east Victoria were amalgamated into the North East and Border Mental Health Service. Following the proposed transfer of resources from the Murrumbidgee Local Health District, the North East and Border Mental Health Service will provide for a Victorian catchment which includes the Rural Cities of Wodonga, Wangaratta and Benalla, and the Shires of Towong and Alpine and part of Moira. For community-based services it will provide for a New South Wales catchment of the City of Albury and the Shires of Corowa, Greater Hume and Urana. The catchment for inpatient services has these local government areas, plus all of the local government areas included in the Murrumbidgee Local Health District.

The North-East and Border Region for mental health services in Victoria and New South Wales spans a substantial geographical region with a population of over 200,000 persons.

Figure 1 Community-based services catchment map

Source: Public Health Information Development Unit, A Social Health Atlas of Australia, 2011

Victorian Local Government Areas included within the North East and Border catchment region include:

- Rural Cities of Wodonga, Wangaratta and Benalla
- Shires of Mansfield, Indigo, Towong and Alpine and the Statistical Local Area Moira (East).

New South Wales Local Government Areas within the catchment region for community-based services include:

- City of Albury
- Shires of Greater Hume, Corowa and Urana.

All New South Wales Local Government Areas included in the catchment for the planning of inpatient services include: Albury, Berrigan, Bland, Boorowa, Carrathool, Conargo, Coolamon, Cootamundra, Corowa, Deniliquin, Greater Hume, Griffith, Gundagai, Harden, Hay, Jerilderie, Junee, Leeton, Lockhart, Murray, Murrumbidgee, Narrandera, Temora, Tumbarumba, Tumut, Urana, Young, Wagga Wagga and Wakool.
2.1 Demographic change

By 2026 the catchment population within Victoria and for community-based mental health services in New South Wales is expected to grow by 11.5 per cent overall, or 0.7 per cent annually. The greatest increase in population is projected for the Rural City of Wodonga (23.8 per cent in total) and other Victorian Local Government Area’s within the catchment region (10.8 per cent in total). Other New South Wales Local Government Area’s within the community-based services catchment region are not projected to experience any major growth over the next 15 years (Table 2).

Table 2 Catchment population projected growth for New South Wales (non-inpatient mental health services) and Victoria from 2011 to 2026

<table>
<thead>
<tr>
<th>Local Government Area</th>
<th>2011</th>
<th>2016</th>
<th>2021</th>
<th>2026</th>
<th>Change 2011 to 2026</th>
<th>Per cent change 2011 to 2026</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albury City</td>
<td>50,500</td>
<td>52,100</td>
<td>53,700</td>
<td>55,000</td>
<td>4,500</td>
<td>8.9%</td>
</tr>
<tr>
<td>Wodonga Rural City</td>
<td>37,131</td>
<td>39,933</td>
<td>43,037</td>
<td>45,955</td>
<td>8,824</td>
<td>23.8%</td>
</tr>
<tr>
<td>Other Victorian LGAs</td>
<td>96,572</td>
<td>99,822</td>
<td>103,406</td>
<td>106,985</td>
<td>10,413</td>
<td>10.8%</td>
</tr>
<tr>
<td>Other NSW LGAs</td>
<td>23,100</td>
<td>23,000</td>
<td>23,200</td>
<td>23,100</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total catchment</strong></td>
<td><strong>207,303</strong></td>
<td><strong>214,855</strong></td>
<td><strong>223,344</strong></td>
<td><strong>231,040</strong></td>
<td><strong>23,737</strong></td>
<td><strong>11.5%</strong></td>
</tr>
<tr>
<td>Victoria</td>
<td>5,621,210</td>
<td>6,067,702</td>
<td>6,500,653</td>
<td>6,924,141</td>
<td>1,302,931</td>
<td>23.2%</td>
</tr>
<tr>
<td>New South Wales</td>
<td>7,187,000</td>
<td>7,559,600</td>
<td>7,939,800</td>
<td>8,322,800</td>
<td>1,135,800</td>
<td>15.8%</td>
</tr>
</tbody>
</table>

Source(s): NSW SLA Population Projections, 2006-2036, Summary data for SLAs, LGAs, SSDs and SDs, Version 1.0, 2009 Crown Copyright, Department of Planning; Victoria in Future 2012, Department of Planning and Community Development

Within the extended catchment for inpatient mental health services, Greater Hume Shire and Urana Shire are projected to experience a decrease in total population over the next 15 years (by -8.1 per cent and -16.7 per cent, respectively). In contrast, by 2026 Moira Shire - East is expected to experience the greatest per cent increase in population (32.5 per cent in total) followed by Mansfield Shire (20.2 per cent in total). Table 3 provides an overview of the extended catchment forecasts.

Table 3 Inpatient catchment population growth for mental health services from 2011 to 2026 by Local Government Area

<table>
<thead>
<tr>
<th>Local Government Area</th>
<th>2011</th>
<th>2016</th>
<th>2021</th>
<th>2026</th>
<th>Change 2011 to 2026</th>
<th>Per cent change 2011 to 2026</th>
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<td>55,000</td>
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<tr>
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<td>39,933</td>
<td>43,037</td>
<td>45,955</td>
<td>8,824</td>
<td>23.8%</td>
</tr>
<tr>
<td>Other North East Victoria LGAs</td>
<td>96,572</td>
<td>99,822</td>
<td>103,406</td>
<td>106,985</td>
<td>10,413</td>
<td>10.8%</td>
</tr>
<tr>
<td>Other Regional NSW LGAs</td>
<td>239,132</td>
<td>241,275</td>
<td>243,619</td>
<td>245,066</td>
<td>5,933</td>
<td>2.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>423,335</strong></td>
<td><strong>433,130</strong></td>
<td><strong>443,763</strong></td>
<td><strong>453,006</strong></td>
<td><strong>29,670</strong></td>
<td><strong>7.0%</strong></td>
</tr>
</tbody>
</table>

Source(s): NSW SLA Population Projections, 2006-2036, Summary data for SLAs, LGAs, SSDs and SDs, Version 1.0, 2009 Crown Copyright, Department of Planning; Victoria in Future 2012, Department of Planning and Community Development

Other Regional NSW LGAs includes: Berrigan, Bland, Boorowa, Carrathool, Conargo, Coolamon, Cootamundra, Deniliquin, Griffith, Gundagai, Harden, Hay, Jerilderie, Junee, Leeton, Lockhart, Murray, Murrumbidgee, Narrandera, Temora, Tumbarumba, Tumut, Young, Wagga Wagga, Wakool, Corowa, Greater Hume, Urana.
3 About the service system in the North East / Border region

From 10 December 2012, mental health services in north east Victoria were amalgamated into the North East and Border Mental Health Service. Services in southern New South Wales are provided by the Murrumbidgee Local Health District. Elements of the service system are listed in Table 4.

Table 4 Existing public mental health and drug and alcohol services in North East / Border region

<table>
<thead>
<tr>
<th>Service provider</th>
<th>Service</th>
</tr>
</thead>
</table>
| North East and Border Mental Health Service: in Wangaratta | Adult mental health acute inpatient unit (Kerferd Unit)  
Adult community-based clinical services  
Aged persons’ community-based clinical services for the catchment  
Integrated primary mental health community-based services for the catchment  
Staff development unit |
| North East and Border Mental Health Service: in Beechworth | Older persons residential unit (Blackwood Cottage)  
Community care unit for adults (The Willows) |
| North East and Border Mental Health Service: in Wodonga | Child and adolescent community-based clinical services for the catchment  
Adult community-based clinical services  
Community care unit for adults (Benambra) |
| Murrumbidgee Local Health District: in Albury | Adult mental health acute inpatient unit (Nolan House) regional service (including four beds that are allocated for people in the Wagga Wagga catchment)  
Mental Health Emergency Consultation Service |
| Murrumbidgee Local Health District: Albury Community Mental Health and Drug and Alcohol Service | Children’s and young people’s community-based clinical services  
Adult community-based clinical services  
Aged persons’ community-based clinical services  
Community-based drug and alcohol services (Opioid Treatment Program, Ambulatory Withdrawal Services, Drug and Alcohol Counselling Services, Hepatitis C Treatment Service, Addiction Medicine Specialist Clinic) |
| Murrumbidgee Local Health District: Corowa and Culcairn Community Health Centres | Community-based drug and alcohol services, managed by Albury Community Mental Health and Drug and Alcohol Service |

3.1.1 Service volumes

Current service volumes provided in Table 5 are based on existing facilities and those in development, including service enhancement at Gissing House (Wagga Wagga Hospital) and the new Prevention and Recovery Care service that is under development in Wodonga.

Table 5 Current service volumes (all ages)

<table>
<thead>
<tr>
<th>Service provider</th>
<th>Acute inpatient beds</th>
<th>Sub-acute inpatient beds</th>
<th>Long-stay / Rehabilitation beds</th>
<th>Total beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nolan House</td>
<td>24</td>
<td>0</td>
<td>0</td>
<td>24</td>
</tr>
<tr>
<td>Gissing House (numbers based on existing redevelopment which will be operational in 2013/2014)</td>
<td>30</td>
<td>20</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Kerferd Unit</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>Orange Hospital CAMHS (beds designated for MLHD clients)</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Yathong Lodge Dementia Service</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Blackwood Cottage</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Benambra</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>The Willows</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Wodonga Prevention &amp; Recovery Care (in development)</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>
### 3.1.3 Community-managed services

The public mental health service system works closely with community-managed organisations and community health services which provide non-clinical mental health services, primary mental health care and other support services for people with a mental illness. Services are listed in Table 6.

**Table 6 Non-clinical mental health services: non-government organisations and community health**

<table>
<thead>
<tr>
<th>Service provider</th>
<th>Service</th>
</tr>
</thead>
</table>
| Mental Illness Fellowship                 | • Family Education and Respite services in Shepparton, Myrtleford and Seymour  
• MiRespite, based in Benalla but providing services across Hume region  
• Community-managed day programs in Euroa, Seymour, Benalla, Mansfield, Shepparton and Cobram  
• Home-based Outreach Support, with eight people supported in partnership with Alpine Health from the Myrtleford location, and 10 people supported from the Benalla location. |
| Mind Australia                            | • Youth residential rehabilitation service in Wodonga. This is a 10-bed service, which has its catchment across the Hume region and southern New South Wales  
• Home-based Outreach Support for people living in Indigo, Towong and Wodonga Local Government Areas  
• Intensive Home-based Outreach Support  
• Secure extended care diversion programs, in partnership with the North East and Border Mental Health Service  
• Supported Accommodation Assistance Programs in Wangaratta, including homelessness services and day programs. The catchment includes Mansfield, Wangaratta, Bright, Myrtleford and Yarrawonga |
| Mercy Centre                             | • Shared supported accommodation for about 110 people in Wodonga and Albury plus more people in northern New South Wales. Residents include people with mental illness, physical disabilities and/or intellectual disabilities |
| Gateway Community Health                 | • Day programs for people living in Upper Hume, funded under the Psychiatric Disability Support program by the Victorian Government  
• Australian Government-funded programs including Personal Helpers and Mentors for people in East Hume and southern New South Wales, day to day living program for people living in Wodonga  
• Early intervention services provided in group programs for children at risk of disengaging from school, children recovering from trauma, and children at risk as a result of family violence, drug and alcohol misuse and/or homelessness  
• Suicide prevention services for same-sex attracted young people |
| St Luke’s Anglicare, Albury              | • Day to day living program  
• Housing and Accommodation Support Initiative, in partnership with Department of Housing, in Albury and nearby towns in southern NSW. There are 12 places in this program  
• Recovery and Resource Program  
• Home-based outreach program in partnership with St Vincent de Paul Society. There are five to eight places in this program  
• Member of Partners in Recovery Consortium |
| Hume Medicare Local                      | • Access to Allied Psychological Services (ATAPS) program for East Hume and southern New South Wales  
• Mental Health Services in Rural and Remote Areas program  
• Primary mental health services including direct delivery of mental health services in Corowa and Wangaratta  
• Suicide prevention program, based on special-purpose ATAPS program funding  
• Mental Health Nurse Initiative |
| Ovens and King Community Health Service  | • Mental health early intervention counselling and support services  
• Member of No Wrong Door coalition; particularly for people with dual diagnosis  
• Drug and alcohol sub-regional provider for central Hume (Mansfield, Benalla, Wangaratta, Ovens Valley, Alpine Shire). Provide counselling, withdrawal support, pharmacotherapy, forensic services, needle and syringe program, Youth at Risk program  
• Suicide prevention program, based on special-purpose ATAPS program funding  
• Support joint project with CAMHS and Wangaratta Secondary College |
4 Consultation outcomes

Two rounds of consultations were conducted during the week commencing 7 December 2012 and the week commencing 7 January 2013. During each of the interviews people were asked what they believed were the risks of amalgamating and transferring cross-border mental health services. Several key themes emerged:

- **Youth services model**: the Victorian Department of Health is seeking new service models for young people to the age of 25. Many people believed it would be useful to agree a service model for the new cross-border catchment during negotiations on amalgamation.
- **Older persons’ service model**: the service plan needs to consider the role of the existing services and access to community-based, residential and/or inpatient services for older people with mental illness.
- **Adult services model**: many people believed a key risk is that catchment residents may have reduced access to adult inpatient services after the amalgamation. The role of prevention and recovery care services, psychiatric disability services and alcohol and drug services should be agreed during the amalgamation.
- **Service access**: New South Wales and Victoria have different models for crisis response, triage, assessment and intake. A suitable new model needs to be adopted and implemented.
- **Catchment-wide services**: apart from the sub-regional inpatient, residential and community-based services, there are several catchment-wide services including early psychosis, primary mental health and drug and alcohol consultation. During amalgamation, it needs to be determined whether access to these services will continue to be restricted to each side of the border, or whether each of these and any additional services would be extended across the entire catchment.
- **The transfer** provides opportunities to improve service models, provide urgent responses and communicate with related health services through the catchment. Consumer representatives will seek to contribute to the planning process.

4.1 Consumer and carer involvement

A number of consumer experience issues were raised during the consultations, including:

- **Lack of a seamless service system** for people crossing the border, with both consumers and service providers taking advantage of the differences between legislative requirements of the two Mental Health Acts.
- **Lack of access to specialised services** for children, adolescents, young people and older people, with members of these vulnerable groups more likely than adults to need to travel for both community-based and inpatient services.
- **Lack of consistency for many specialised medical services**, with many of the consultants working on a fly-in-fly-out basis.
- **Opportunities to increase the use of existing social media and videoconferencing facilities** by public mental health services to increase access by people living in remote communities where services are not available, particularly in Victoria.
- **Lack of transport options**, particularly for people discharged from emergency departments and inpatient units. People who are referred to Melbourne or Sydney for specialist services such as adolescent and children’s inpatient services, eating disorder services, veterans’ services etc., sometimes need to travel at their own expense. Their families and support people may not be able to travel with them.
- **Communication between service providers** can be poor, particularly as consumers move across the border. One example is services for young mothers and mothers with mental illness resident in New South Wales, who may give birth in Victoria but be involved with the New South Wales Department of Community Services and/or mental health and drug and alcohol services.
- **Different relationships with key government agencies**, including Department of Community Services in New South Wales and Department of Human Services in Victoria, both of which have responsibility for young people under protective and/or correction orders.
• Transitions for young people to mainstream adult services, particularly for people whose transition is cross-border
• It can be difficult for community services organisations to access specialised support from the mental health and alcohol and drug service systems. They need secondary consultation support, as well as clear pathways and shared service arrangements.

4.2 Equity and standardisation across the catchment

Almost all of the people consulted felt the greatest risk was that after the amalgamation there would not be equal access to clinical services for all people in the catchment. People were concerned that existing links and partnerships between clinical and non-clinical mental health services need to be protected and enhanced, while the roles of primary care and acute care needed to be reviewed and strengthened. A number of people discussed the possibility that co-location of some services could improve critical mass, but may reduce local access across the catchment.

Both NSW Health and the Victorian Department of Health have issued policies, standards and guidelines for the development and delivery of services for people with mental illness and people addicted to substances. While some are mandated in statute (for instance any instance of restraint or seclusion must be reported to the relevant Chief Psychiatrist) others are issued from time to time by the relevant authorities. Most people thought it would be preferable for the Inter-Departmental Committee to agree that proposed new North East and Border Mental Health Service would operate with standard protocols, policies and practices.

Several people noted the need for shared discharge planning across the three adult inpatient units in Wagga Wagga, Albury and Wangaratta. Given the demand for inpatient services, it is important that all services are used effectively and that the North East and Border Mental Health Service puts in place across its catchment an agreed continuum of care, agreed protocols around safety and incident management, and transparent agreements supporting appropriate pathways between:

• Primary care providers across the catchment
• Community-based mental health and drug and alcohol services provided by both North East and Border Mental Health Service and the Murrumbidgee Local Health District
• Inpatient acute mental health and drug and alcohol services provided by both North East and Border Mental Health Service and the Murrumbidgee Local Health District
• Residential and sub-acute services in Beechworth, Wodonga and Wagga Wagga.

While the details of these agreements may vary across the state border, people living in any part of the catchment should have access to standard care models.

There will be a need for shared information across the catchment, based on systems and not person-dependent. Note there are multiple service sites, settings and types on both sides of the border, adding complexity for consumers, carers and managers of services.

The proposed reform of the Psychiatric Disability Support Service system in Victoria adds some uncertainty about the nature and size of the service system that will be in place.

4.3 Organisational transition

By separating from the Murrumbidgee Local Health District, the Albury-based mental health services risk losing their close contact with some services currently provided by the Murrumbidgee Local Health District that will not be transferred, including the following:

• School Link
• Perinatal support services in Albury, including a coordinator
• Strategic Coordination for Aged Persons Mental Health services and secondary consultation for residential aged care services
• Strategic Coordination for Child and Adolescent Mental Health, Prevention, Promotion and Early Intervention, Drug and Alcohol, Partnerships and Rehabilitation, Consumer Participation, Family Sensitive Mental Health, Workforce Development and Aboriginal Mental Health Clinical Leadership
• Aboriginal Mental Health Traineeship program
• Out of Home Care Project: providing health management plans for about 250 children and young people in out of home care
• Rural Adversity Mental Health Program
• Inpatient acute and sub-acute services at Wagga Wagga Hospital.

Albury Wodonga Health and the Victorian Department of Health have worked together to amalgamate services in north-eastern Hume region. The amalgamation took effect 10 December 2012 with management responsibilities and assets transferring from Beechworth Health Service and Northeast Health Wangaratta. The newly-formed North East and Border Mental Health Service will undergo its own transition processes during the first half of 2013. It seems likely that in the first instance the Service will need to review and possibly update service models and configurations for some services.

A new Prevention and Recovery Care service is due to commence in Wodonga during the second half of 2013. The service model and partnership models will be developed in detail during the first half of 2013 and Life Without Barriers has been announced as the service provider.

4.4 Crisis assessment, triage, intake and access

Different models are in place across the border:

• In NSW, a central Mental Health Line (AccessLine) is provided by Medibank Health Solutions and contracted by Murrumbidgee Local Health District, providing a 24-hour service across all age groups and service types. The telephone service is staffed by mental health professionals, who can provide direct advice and provide intake and triage, referring people to local services. The Albury community-based mental health and drug and alcohol service conducts a daily intake process, taking referrals from AccessLine and allocating people to an appropriate assessing practitioner to be followed up within the Urgency Of Response timeframe. Clinical services are provided seven days per week, and appointments can be shifted so that people can see a clinician within the recommended time after their referral from AccessLine. People also present at their local emergency department, where they can be assessed by the Mental Health Emergency Consultation Service.

• In Victoria, people access mental health services by contacting the Crisis Assessment Team and/or by attending at their local emergency department. Victorian mental health services also accept referrals from general practitioners and other health service providers and encourage people to attend at their local community-based service without appointment. In this case, the person will be seen by a designated intake clinician.

Adult inpatient units are available at Wagga Wagga, Albury and Wangaratta. This distribution of services provides good geographical access across the catchment, but reduces the critical mass of each service. Child and adolescent inpatient services are available in Box Hill and Orange. There is limited access to inpatient services for older people, who may be admitted to adult units or to medical units at one of the hospitals.

It can be difficult for people to get access to case management services outside the main Albury Wodonga centres. There are no psychiatric disability services for older people in the catchment, and it can be difficult for older people to access clinical services.

4.5 Existing relationships

Some of the community-managed services have invested time and effort in making relationships with local public health services such as Alpine Health and Benalla Health. With the proposed centralisation of mental health services under the auspices of Albury Wodonga Health, it will be important to maintain the capacity of local health services to provide a locally-responsive service.

Some of the existing relationships are based on relationships between workers, not on systems. These relationships may not be sustainable and will need attention during the transition so that they are not lost.
4.6 Service configuration and models

4.6.1 Drug and alcohol services

The drug and alcohol service systems in New South Wales and Victoria are different:

• In rural New South Wales, drug and alcohol services form part of the mental health and drug and alcohol community-based service system. Murrumbidgee Local Health District provides a clinical consultation and liaison service to its medical and surgical inpatient units, and to the community-based mental health teams. The service provides secondary consultation for hospital staff who are working with an inpatient who goes into unplanned withdrawal during hospitalisation, assistance for staff in the emergency department who need to develop plans for frequent attenders, and training for health service staff who may come into contact with people who are addicted to and/or affected by substances. Both the Albury and Wodonga campuses of Albury Wodonga Health have adopted the same protocols for managing people.

• In Victoria, drug and alcohol services are provided by funded not-for-profit services including community health centres and specialist counselling and therapeutic services. These services work in close consultation with acute and mental health services.

• In both States, most people are supported to undergo planned withdrawal in the community. Inpatient withdrawal services are available in Wagga Wagga, Melbourne, Canberra and Sydney. Both States have a service model based on the development of long-term treatment plans, counselling, pharmacotherapy and withdrawal support. It may be possible to support the appointment of a full-time Addiction Medicine specialist once the two catchments are amalgamated.

The new North East and Border Mental Health Service would include drug and alcohol services north of the border, where drug and alcohol services are a distinct clinical stream managed under a joint management system within the mental health service. It is not likely to include any drug and alcohol services south of the border, where drug and alcohol services are provided by community health services and non-government agencies.

4.6.2 Youth services

Both NSW Health and the Victorian Department of Health have identified young people aged 16 to 25 as being particularly vulnerable within the mental health service system, given the physical, emotional and intellectual changes they are experiencing and during transitions between education and employment. People consulted felt the amalgamation provided an opportunity to develop a new young persons' mental health service model in the North East and Border region. Several people mentioned there is an active campaign for establishment of a headspace service in the region.

4.6.3 Older persons' services

Albury Wodonga Health has established an older persons’ assessment service in the Albury campus emergency department. This service is based on the recognition that people who present with symptoms of psychiatric disturbance and/or cognitive impairment are usually referred to medical inpatient units, which are not secure and where staff may not have expertise in management of the medications prescribed by psychogeriatricians for older people. Better pathways are needed for these people, and better access to the sub-acute service system for older people may reduce their need to present to hospital.

A second group of older people experience serious mental illness including anxiety and depression. People consulted felt that the protocols for assessing immediate risk for people with anxiety and depression do not suit the needs of older people, whose condition can worsen very rapidly if they become withdrawn and/or reduce their self-care. It can be difficult to access specialist psychogeriatric consultation and/or secondary consultation.

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1 Currently Yathong Lodge Dementia Service in Wagga Wagga and the older persons’ mental health residential unit at Beechworth Health Service, Blackwood Cottage.
3 Three Mental Health Emergency Consultation services were established in 2007 by the then Greater Southern Area Health Service, in Albury, Wagga Wagga and Goulburn. These were designed as a single Area service based in three locations with each service available to back others up during any peak demand periods. Standard policies and procedures were developed across the three sites. The 2010 MHECS review recommended bringing all three under a single management stream to maximise and standardise service delivery. The recommendations of this review were
There is support for a redevelopment of older persons’ services to provide a continuum of care including acute, sub-acute, residential and community-based services that are closely linked with generic aged services across the region. A key issue will be access to psychogeriatricians across the region.

### 4.6.4 Adult services

The new mental health service will include adult acute mental health inpatient units at Wangaratta and Albury. The adult acute mental health inpatient unit at Wagga Wagga will be included in the service configuration model, as it is intended that New South Wales patients will continue to be referred to either Albury or Wagga Wagga in response to their assessed need and availability of beds. The current redevelopment of acute and sub-acute inpatient mental health services at Wagga Wagga (to be completed 2013) may reduce pressure on resources and referrals across the Murrumbidgee Local Health District.

There are good relationships between the clinical mental health services and the non-government services providing non-clinical mental health services, and strong support in the non-government sector for the amalgamation. Non-government stakeholders are keen to maintain and extend their existing relationships, and to work with the North East and Border Mental Health Service to develop new service models and pathways.

A new 10-bed Prevention and Recovery Care service is to be established in Wodonga, with an anticipated opening date during 2014. This model is based on the Victorian Government guidelines, which include a partnership between clinical and psychosocial services and an expected average length of stay of less than four weeks. Murrumbidgee Local Health District will open a 20-bed sub-acute adult service in Wagga Wagga during 2013, as part of the redevelopment of the inpatient service at the Wagga Wagga Hospital. The sub-acute models are slightly different, with a New South Wales expected average length of stay of six to eight weeks and a Victorian expected average length of stay of about four weeks.

### 4.6.5 Catchment-wide services

There are a number of catchment-wide services on either side of the border, including early psychosis services, different secondary consultation services and dual disability services. Further, North East and Border residents have access to statewide services such as personality disorder services, eating disorder services, veterans’ services and suicide prevention support. Decisions will be needed about how catchment residents will continue to access their relevant statewide services.

The service systems for people with dual disabilities are different across the border, with different approaches to home visiting and different arrangements for access to specialist psychiatry services. Approaches to chemical constraint can differ, and models are needed to reduce the incidence of chemical constraint for people with intellectual disability, mental illness and behavioural challenges.

Primary mental health services are provided by the North East and Border Area Mental Health Service, as well as by the Hume Medicare Local. Most of the people consulted felt that the continuum of services would be enhanced with the development of a more comprehensive primary mental health service system including better secondary consultation services for primary care providers across the region.
5 Service planning principles

Based on consultation, workshops and analysis of service activity and demographic data, the Project Control Group has endorsed the following service planning principles:

• The North East and Border Mental Health Service will be committed to the recovery philosophy, and will work closely with consumers to support them to make and implement their own recovery plans.

• No individual or community would experience a reduction in services or service levels as a result of the transfer.

• The service system should be as seamless as possible across the catchment, so that consumers and their families and advocates do not experience service gaps or duplications.

• Transitions between different clinical streams (for instance from CAMHS to adult services and from adult to aged persons’ services) will be managed in accordance with the needs and experiences of the consumer and may take place over time.

• Where possible consumers should have access to services and service models that meet their assessed needs, regardless of their place of residence.

• Service hubs will be established in Wangaratta and Albury Wodonga, bringing together community-based teams providing services for children, adolescents, young people, adults and older people. Each hub will have responsibility for providing outreach services for people living in their area; for providing a focus for clinical oversight and development of partnerships; and for working with inpatient acute and sub-acute services and residential services to provide appropriate support for people entering and being discharged.

• Albury Wodonga Health recognises the different access and triage arrangements currently in place. In principle there should be standard access and triage arrangements across the catchment, and Albury Wodonga Health will over time review the current systems and implement changes in consultation with consumers, service delivery partners, Murrumbidgee Local Health District and Hume region.

These service planning principles are based on the following conditions and assumptions:

• Services will continue to be provided consistent with the requirements of the two jurisdictions, with the health service as a whole having a responsibility to both Victorian and New South Wales Governments for compliance with the Mental Health Acts and other relevant legislative instruments.

• In the first instance, any changes to service configuration or location must be achieved within existing resources. Over time Albury Wodonga Health may develop asset and / or output proposals for service development and / or reconfiguration in partnership with the Victorian Department of Health.

• Albury Wodonga Health, consistent with its current status as a public health service under the Victorian Health Act, will to the extent possible operate the North East and Border Mental Health Service under existing administrative arrangements agreed between the two Governments.

• Inpatient acute and sub-acute services in Wagga Wagga are included in the service plan, but will not be included in the amalgamation. Existing inpatient referral flows within Murrumbidgee Local Health District will not be affected by the transfer except by agreement between the Murrumbidgee Local Health District and Albury Wodonga Health.

• Existing Mental Health Emergency Consultation services will not be affected during the transfer, but referral and management arrangements will continue to be discussed during the post-transfer period.

• The Australian Government is expected to announce during 2013 a new national mental health planning framework. Until then interim planning will be based on New South Wales and Victorian population planning benchmarks as adjusted by the Inter-Government Committee responsible for managing the agreement between New South Wales and Victoria under which Albury Wodonga Health operates.
6   New service configurations and high-level models of care

The new service configurations are based on the development of locally-responsive service care in Wangaratta and Albury Wodonga. Note that each hub will include a number of facility-based and community-based services, but the concept does not represent co-location unless specified.

6.1 Proposed service configuration

The North East and Border Mental Health Service will work in partnership with consumer and carer groups, non-clinical mental health services, acute, community and primary health services, aged services, family services, schools and other education providers, housing services, employment services, local government and other relevant organisations to develop a flexible and responsive service system across its catchment. On amalgamation, the North East and Border Mental Health Service would be a Victorian public mental health service providing the following clinical streams for residents of the Victorian and New South Wales catchments:

- Community-based services for children, adolescents, young people, adults and older people
- Acute mental health inpatient services for young people, adults and older people
- Sub-acute mental health inpatient services for young people, adults and older people
- Supported accommodation models in partnership with community-based, aged services and housing services for young people, adults and older people
- Clinical drug and alcohol services for people of all age groups
- Primary mental health services for people of all age groups
- Support services including consultation and liaison, support for people presenting to emergency departments and secondary consultation.

The service plan is based on the establishment of community-based service hubs in Wangaratta and Albury Wodonga. Each hub would be responsible in consultation with consumers for:

- Delivery of clinical community-based services in the local area
- Implementation and management of outreach services to smaller communities in its sub-region
- Clinical oversight, quality assurance and administration of services provided in facilities and in community-based settings in the sub-region
- Development and maintenance of service partnerships with non-clinical mental health services and other services provided in the sub-region
- Management of partnerships with acute and sub-acute inpatient mental health services, residential mental health services and other hospital-based health services provided in the North East and Border region.

Facility-based services (acute and sub-acute mental health services, residential mental health services and other hospital-based health services) will be provided in the following locations:

- **Wangaratta service hub:** Albury Wodonga Health will provide acute inpatient services for adults and older people in the Kerferd Unit, which is co-located with Northeast Health Wangaratta; Albury Wodonga Health will support Northeast Health Wangaratta to provide mental health services for appropriately-admitted children and adolescents in its paediatric unit. Over time Albury Wodonga Health aims to develop a sub-acute and transitional service for older people
- **Albury Wodonga service hub:** Albury Wodonga Health and Life Without Barriers will provide a sub-acute inpatient service. Albury Wodonga Health operates a residential service (Benambra) for adults. Over time Albury Wodonga Health may establish an older persons’ residential mental health service co-located with its Wodonga campus. Albury Wodonga Health will provide acute inpatient services for adults and older people (Nolan House), and will increase appropriate access to the paediatric unit by providing consultation and liaison services. Over time Albury Wodonga Health aims to develop a sub-acute and transitional service for older people
- **Beechworth:** Albury Wodonga Health will provide a specialised aged persons’ residential mental health service, based on a funding and service model agreed between the Victorian Government and the Australian Government. It is intended this resource should be available as appropriate for older people across the North East and Border Mental Health Services catchment and should be
linked with the Wangaratta service hub. The residential rehabilitation service for adults, The Willows, is also located in Beechworth, and this service should be linked with the Albury Wodonga service hub.

- **Wagga Wagga**: Murrumbidgee Local Health District provides acute inpatient services for adults, and a sub-acute Transitional Behavioural Assessment and Intervention Service for older persons (dementia assessment and management). A sub acute unit for adults is currently under construction. While these services will not become part of the North East and Border Mental Health Service, they are included for planning purposes.

### 6.2 Catchment-wide services

A number of catchment-wide services will be established, based on existing and proposed new service models. While by preference each of these services would be provided for all catchment residents, there may be resource constraints. Over time Albury Wodonga Health will determine an appropriate model and role for each of these services:

- **Primary mental health services**: in Victoria the area mental health services support the primary care system by providing primary and secondary consultation and liaison, education and training services to primary care providers of services for people with high-prevalence and low-prevalence disorders

- **Early psychosis services**: the Victorian model is provided by Nurse Practitioners who also provide other early intervention and early diagnosis services. They provide a combination of direct clinical care and secondary consultation for other clinicians

- **Home-based sub-acute services for older people**: over time and consistent with service directions of both the New South Wales and Victorian Governments, sub-acute and ongoing services for older people with mental illness should be provided in their home or residential aged facility

- **Specialist dementia services**: These services are funded by the Australian Department of Health and Ageing to government and non-government providers

- **Perinatal mental health services**, working with maternity and early childhood services in north east Victoria. Note that the perinatal mental health service currently provided by Murrumbidgee Local Health District will not be transferred to Albury Wodonga Health.
The proposed service configuration is provided in Table 7, which also lists acute and sub-acute inpatient services provided in Wagga Wagga by Murrumbidgee Local Health District. Some of these services currently exist, while others would need to be developed and/or redeveloped over time.

<table>
<thead>
<tr>
<th>Clinical Streams: services provided by AWH</th>
<th>Wangaratta</th>
<th>Albury Wodonga</th>
<th>Wagga Wagga (services provided by MLHD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child and Adolescent mental health services, for children and young people aged to 16 years</td>
<td>Community-based</td>
<td>Community-based</td>
<td>Acute inpatient</td>
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<tr>
<td>(paediatric inpatient services available, but not provided by NEBMHS)</td>
<td>(paediatric inpatient services available, but not provided by NEBMHS)</td>
<td></td>
<td>Sub-acute inpatient</td>
</tr>
<tr>
<td>Adult mental health services for people aged between 16 and 64 years</td>
<td>Community-based</td>
<td>Community-based</td>
<td>Acute inpatient</td>
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<tr>
<td>Acute inpatient</td>
<td>Acute inpatient</td>
<td>Residential</td>
<td>Sub-acute inpatient</td>
</tr>
<tr>
<td></td>
<td>Residential</td>
<td>Sub-acute inpatient</td>
<td></td>
</tr>
<tr>
<td>Older persons’ mental health services for people aged 65 and over</td>
<td>Community-based</td>
<td>Community-based</td>
<td>Acute inpatient</td>
</tr>
<tr>
<td>Acute inpatient</td>
<td>Acute inpatient</td>
<td>Sub-acute inpatient</td>
<td></td>
</tr>
<tr>
<td>Residential service at Beechworth is included within this service hub</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug and alcohol services for people of all age groups</td>
<td>Drug and alcohol services in north-east Victoria are provided by non-government organisations contracted by the Department of Health</td>
<td>Community-based (Albury, Corowa and Culcairn)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Acute inpatient</td>
<td></td>
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<tr>
<td>Catchment-wide services</td>
<td>Primary Mental Health and Early Intervention Team</td>
<td></td>
<td></td>
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<tr>
<td>Perinatal mental health service in Victoria</td>
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<tr>
<td>Early Psychosis service</td>
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<td></td>
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<tr>
<td>Dementia and behaviour services</td>
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<td></td>
<td></td>
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<tr>
<td>Sub-acute services for older people and possibly for adolescents: new service models to be developed, based on the “hospital in the home” model</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation and liaison services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To be resolved post transition</td>
<td>A youth service model that meets the needs of young people in the catchment and is consistent with NSW and Victorian policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A crisis assessment and consultation service for the catchment. It is not yet determined whether the Albury-based Mental Health Emergency Consultation Service will be included in the North East and Border Mental Health Service. Once this is resolved, a new service model can be developed over time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessline Triage and Intake Service</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
6.3 High-level models of care

The North East and Border Mental Health Service will be based on the recovery-oriented practice framework\(^2\). Each service model will be reviewed and where necessary reconfigured in consultation with consumers and carers to bring it as close as possible to the ideals of this framework:

- Promoting a culture of hope
- Promoting autonomy and self-determination
- Based on collaborative partnerships and meaningful engagement
- Focussed on strengths
- Building holistic and personalised care
- Including as partners in care individuals and their families, support people and significant others
- Promoting community participation and citizenship
- Responding to diversity
- Growing through reflection and learning.

6.3.1 Community-based services

Based on these principles and the commitment by Governments to least-restrictive models of care, the core of the service delivery platform is in the community-based service system. Each of the proposed two service hubs would have responsibility to deliver a full suite of services within their immediate location and by outreach to surrounding communities. They will also be responsible for working in close partnership with individuals and organisations such as housing, welfare and education services, community organisations, local government, community health centres and others to respond effectively to the needs of people in their extended localities. The roles of agencies providing Psychiatric Disability Support Services are key to providing home-based and community-based support services.

Each of the two proposed service hubs should include mental health services for children, adolescents, adults and older people. In Albury, the team will include alcohol and drug services. In Victoria, the teams will include primary care.

6.3.2 Supported accommodation

Some people may need longer-term rehabilitative care, in association with accommodation services. While there are existing supported accommodation services in the catchment, it is the intention of both the Victorian and New South Wales governments that increasingly these services will be provided in partnership with public and social housing services and residential aged care providers. Both Governments have supported the establishment of Registered Housing Associations who can provide secure long-term accommodation for people with mental illness, and who are encouraged to work in partnership with clinical and non-clinical services to assist people to live as independently as is possible.

Where possible this will be the preferred model for delivery of supported accommodation services for people with mental illness in the Border and East Hume catchment. This model is also consistent with the goals of mental health care for older people in the community and in residential care.

6.3.3 Sub-acute services

Sub-acute services are clinical services provided to people who are at risk of hospitalisation and/or to people who have experienced hospitalisation. The goal of the service is to reduce the risk of hospitalisation or to reduce the length of the person’s admission. There are facility-based models in the catchment, with a new sub-acute service to be provided by Murrumbidgee Local Health District in Wagga Wagga, and a new Prevention and Recovery Care service to be established in Wodonga. This new sub-acute service will have

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a flexible layout with different areas that could be used by older people and/or younger people. Service design will cater for younger people, with some capacity to provide for families.

There may be opportunities to expand this service sector, particularly for older people and for adolescents and younger people by creating “hospital in the home” style services where psychosocial, nursing and allied health care can be provided to people in their own homes. This model is especially appropriate for older people who are at risk of experiencing disorientation when they enter a new environment, for younger people who need to continue their education and their connection with family, and for people living outside the main service hubs, who risk dislocation from family, work and community supports during any period of inpatient care.

6.3.4 Acute inpatient services

Acute inpatient admission is considered to be a last-resort option for people with acute symptoms. Acute inpatient services will be available as described:

- **For children:** both New South Wales and Victoria provide statewide mental health inpatient services for young children. The North East and Border Mental Health Service will not provide this service, and aims to minimise the occasions when it would be an appropriate response to the needs of young children and their families

- **For adolescents:** where appropriate the preferred inpatient option is in local paediatric units, with the relevant CAMH service providing detailed support to paediatricians and nursing staff. If this cannot be arranged or if the needs of the adolescent cannot be met locally, a short-term referral to a CAMHS unit in Melbourne or Sydney is the next option. Only under unusual circumstances should an adolescent be admitted to an adult inpatient unit, and detailed support must be provided by the relevant CAMHS clinicians. It may be possible to admit some adolescents to the Prevention and Recovery Care unit in Wodonga, if appropriate services and environment can be provided

- **For adults:** acute inpatient services will be provided at Wangaratta (Kerferd Unit) and Albury (Nolan House). Existing patient flows will be maintained in southern NSW, which include some people being referred to and from Albury (Nolan House) and Wagga Wagga (Gissing House). Note that the funding base for Nolan House includes resources for four beds for people who live in the Wagga Wagga catchment. The proposed youth service team in consultation with young people may be involved in ongoing enhancements to the model of care for younger people who are admitted to acute adult mental health inpatient units

- **For older people:** any appropriate acute inpatient admissions would be provided in Kerferd Unit or in Nolan House. Special arrangements may be needed to meet the needs of older people in these units. Older people may be admitted to medical units, with consultation and liaison support from older persons’ mental health community teams.

6.4 Service models to be resolved after transfer

6.4.1 Services for young people

Albury Wodonga Health will need to undertake detailed consultations with consumers, carers, staff and stakeholders regarding an appropriate model for young people aged 15 to 25. Options for consideration may include the five models that are briefly described in Table 8.

<table>
<thead>
<tr>
<th>Table 8 Service configuration options for young people</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Option number and name</strong></td>
</tr>
<tr>
<td>----------------------------</td>
</tr>
</tbody>
</table>
| 1 Retain status quo        | - Continue to operate CAMHS and adult services for their existing age groups  
                            | - Continue to provide some additional youth-focused direct and consultancy services  
                            | - Early psychosis services, youth mental health service  
                            | - Under this option, NEBMHS would continue to work with existing clinical teams to improve their capacity to respond to the needs of young people. |
| 2 New parallel service for young people               | - Continue to operate a CAMHS service for children and adolescents 0 to 16  
                            | - Continue to operate an adult service for people over 16  
                            | - Create a specialised team that would assist the CAMHS and adult clinicians to meet the particular needs of the 15 to 25 age group, make links with other youth-oriented service providers across the catchment and assist the CAMHS and adult teams to manage an appropriate transition for each young person. For instance, some young people may |
### Summary of service plan for mental health services in North East and Border region

**Release Version 3.0: 1 July 2013**

<table>
<thead>
<tr>
<th>Option number and name</th>
<th>Option description</th>
</tr>
</thead>
</table>
| **3 New age-focussed service** | • Re-model the CAMH service to provide for children to the age of say 12  
• Create an adolescent and young persons’ service for people aged 13 to 25. This would include responsibility for all mental health services needed by this age group  
• Re-model the adult service to provide for people over the age of 25. |
| **4 Expand CAMHS** | • Re-model CAMHS to provide for children, adolescents and young people 0 to 25  
• Re-model adult services to provide for people aged over 25 |
| **5 Expand adult services** | • Re-model CAMHS to provide for children the age of say 12  
• Remodel adult services to provide for adolescents, young people and adults, from the age of 13. |

#### 6.4.2 Access, assessment, intake and triage services

Access services differ between NSW and Victoria:

- Murrumbidgee Local Health District provides a 24-hour AccessLine, with a common 1800 number. The telephone-based triage and intake service is provided by a contracted clinical agency, which is responsible to make triage decisions and make appropriate referrals and recommendations to the public mental health services and/or other service providers. Note that Murrumbidgee Local Health District has an existing contract with Medibank Health Solutions to provide this service, under a contract which is likely to be extended to 30 June 2014.

- Victoria’s access system encourages people to use a variety of access methods, including day-time and night-time phone numbers, general practice referrals, attendance at emergency departments and/or community-based service locations and direct referrals from other health services. Triage decisions are generally made by the clinician who is on duty to greet the individual or receive the referral.

Assessment services, including scheduled and crisis assessment, are provided in similar ways, with people meeting clinicians face to face or across Murrumbidgee Local Health District by videoconference. Assessment teams also attend community locations as appropriate. It was agreed in the workshop discussion on access, triage, assessment and intake that it would be beneficial to develop a new catchment-wide assessment model.

However, given the philosophical and model differences for access, triage and intake, the workshop recommended that careful consideration should be given before any new models are adopted. It will be important to consult carefully with consumers, general practitioners, community health, emergency services and others, and to consider any access implications that arise from the organisational transfer, and/or from the proposed service model and service configuration changes.

The group of staff who attended the workshop to discuss access, triage, assessment and intake structures said they believed the existing Mental Health Emergency Consultation service had many benefits, and would usefully be expanded to cover the whole of the North East and Border Mental Health catchment. Two teams are based at Albury and Wagga Wagga hospitals, providing face-to-face and teleconferenced consultation and assessment services to hospitals across the District. In the medium term, Murrumbidgee Local Health District will continue to manage the Mental Health Emergency Consultation Service covering the Albury catchment, in order to implement the recommendations of the 2012 review, and to consolidate management arrangements across Wagga Wagga and Albury teams. After a suitable period of time.

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3 Three Mental Health Emergency Consultation services were established in 2007 by the then Greater Southern Area Health Service, in Albury, Wagga Wagga and Goulburn. These were designed as a single Area service based in three locations, with each service available to back others up during any peak demand periods. Standard policies and procedures were developed across the three sites. The 2010 MHECS review recommended bringing all three under a single management stream to maximise and standardise service delivery. The recommendations of this review were not effected, due to the split of Greater Southern Area Health Service into two separate Districts in January 2011. The 2012 MHECS review confirmed the recommendations for the Albury and Wagga Wagga sites.
(perhaps two years after the transfer) a review of the governance and management arrangements would take place, to consider the long term options for this service model.

If this model is adopted by the North East and Border Mental Health Service after that review, there are three obvious options for creation of a single emergency consultation service that would operate across the North East and Border Mental Health Service catchment:

- Retain the Mental Health Emergency Consultation Service as part of Murrumbidgee Local Health District, and negotiate a service-level agreement so that the team would also provide consultancy advice to hospitals within the Victorian part of the North East and Border Mental Health Service catchment. Albury Wodonga Health would negotiate a contract based on either a fee-for-service or fee-for-availability, and Murrumbidgee Local Health District would use these funds to increase resources for the service.

- Transfer the Albury Mental Health Emergency Consultation team to Albury Wodonga Health, and negotiate a service-level agreement so that Albury Wodonga Health would continue to provide consultancy services to hospitals in the southern part of the Murrumbidgee Local Health District, while taking on responsibility to provide a consultancy service to the health services in north east Hume region.

- Establish a new team within North East and Border Mental Health Service, to provide emergency consultation services within its catchment.

### 6.4.3 Drug and alcohol services

The existing drug and alcohol service system will be maintained following the transfer. Once the Victorian Government has completed its redevelopment of the drug and alcohol service sector and in consultation with consumers, staff and stakeholders, Albury Wodonga Health will review options for a locally-relevant service model.

Currently there are no simple options for establishment of single drug and alcohol service across the North East and Border Mental Health Service catchment, because of the different service models and governance arrangements in place. It does not appear to be feasible to adopt either the Victorian or New South Wales model across the catchment. Over time and in consultation with consumers, Albury Wodonga Health will negotiate a new model which can be adopted across its catchment. Murrumbidgee Local Health District has done significant work to establish its existing model, which combines drug and alcohol services as a separate clinical stream within the mental health and drug and alcohol service system, and advises there are significant benefits to be gained from establishing such a governance structure, including:

- Better clinical and governance support for drug and alcohol clinicians.
- Better access for consumers to a holistic service model within a team of clinicians who are able to work together on a range of strategies for each consumer.
- A streamlined service model for consumers who need to access both mental health and drug and alcohol services.
7 Recommendations and implementation plan

In the first instance, the amalgamation will be based on changes in management arrangements, with the transfer of Albury-based clinical staff and their team managers from Murrumbidgee Local Health District to Albury Wodonga Health. Existing service models and volumes will be maintained while Albury Wodonga Health completes further planning and consultation. However, this Service Plan forecasts a number of high-level service model changes that would result in a better-aligned service system.

7.1 Recommendations

The following recommendations relate to the period of time until the transfer takes effect:

- The Victorian and New South Wales Departments of Health recommend to the Inter-Departmental Committee that the transfer be endorsed and agree a commencement date and how to manage in the meantime including agreements for management of human resources, communications and response to internal and external stakeholders
- Albury Wodonga Health and Murrumbidgee Local Health agree a timetable for transfer, and expand the terms of reference for the existing Project Control Group to include oversight of the transfer program including monitoring progress against targets and establishing a consultation and communications strategy
- The consultation and communications strategy should include a program of announcements to staff, consumers, stakeholders and the community
- Staff affected by the transfer should be consulted before the transfer takes place. Employees of NSW Health will be offered transition arrangements consistent with Departmental policy and practice
- Under the overall direction of the Inter-Departmental Committee which is responsible for making the arrangements under which Albury Wodonga Health operates, Murrumbidgee Local Health District and Albury Wodonga Health will develop a detailed Service Level Agreement which supports local arrangements for delivery of support services, sharing of facilities and other resources, and joint responses to the needs of local people. The Service Level Agreement should incorporate agreement that Albury Wodonga Health deliver the required services to both New South Wales and Victorian populations.

Once the transfer takes effect, Albury Wodonga Health will be responsible for managing the service consistent with the existing over-arching agreement made between the Victorian Government and the New South Wales Government and any specific agreements relating to the mental health services. The following recommendations relate to the ongoing development of the North East and Border Mental Health Service, and it is important that Albury Wodonga Health continues to work closely with Murrumbidgee Local Health District during this period. It is recommended that Albury Wodonga Health:

- Affirms its commitment to provide, develop and redevelop its services consistent with the principles of recovery-oriented practice and engages with consumers to put these principles into effect
- Establishes working groups to develop the proposed new service models, for example: a primary mental health and early intervention service for the North East and Border Mental Health Service catchment; a youth services model which is based on the strengths and resources of the existing Victorian and New South Wales services for young people; a catchment-wide early psychosis service based on the Victorian service model; a catchment-wide dementia and behaviour service based on the amalgamation of and review of existing publicly-provided dementia and behaviour services and any other providers. The working groups should include representatives of community, consumers, carers and staff
- Reviews each component of the mental health service, and redevelop and/or confirm the model of care, service configuration and service volume, in partnership with other service providers including paediatric units, general medical units and residential aged service providers
- Over time and in consultation with consumers, implements a detailed review of access, triage, assessment and intake procedures in order to determine a locally-appropriate model for consumers and others to access the North East and Border Mental Health Service
- Over time and in consultation with consumers, Hume region and existing service providers, implements a detailed review of drug and alcohol services in order to determine locally-appropriate model of care, service configuration and service locations
Over time and in consultation with consumers, develops and implements a model of sub-acute care for older people that supports them to remain in their home or residential aged care service.

7.2 Implementation plan

Given the existing uncertainties, the implementation plan is by necessity at a high level. The primary recommendation is that the North East and Border Mental Health Service re-affirm its commitment to provide recovery-focused services and to work in partnership with consumers and their carers, families and advocates to establish recovery goals and to prepare treatment plans.

This service plan provides an aspirational service configuration and identifies service models that need to be developed in consultation with consumers. Neither the Victorian nor the NSW Government has indicated any additional staffing or capital resources are available, so any changes will need to be cost neutral. The implementation plan includes the development of business cases for any future service developments and/or redevelopments. The implementation plan also describes three categories of action which over time will achieve the proposed service configuration:

- **Short-term actions:** during the first 12 to 24 months, Albury Wodonga Health will work to consolidate the existing service system and management arrangements. During this period Albury Wodonga Health and Murrumbidgee Local Health District will establish working groups and consultation processes so that consumers, stakeholders and staff can make detailed recommendations about service configurations and models.

- **Medium-term actions:** once the service and management consolidation is complete, Albury Wodonga Health will work to adjust models of care and implement new services so that service responses are consistent across the North East and Border Mental Health Service catchment. By the end of this phase, Albury Wodonga Health should have achieved its goal to make consistent packages of care available to individuals in response to their needs, and to minimise any differences in care models, care settings and outcomes that arise from the individual’s residence in one or other State.

- **Long-term actions:** in the long term, additional resources may be needed to enhance the service system. Albury Wodonga Health will work with the Victorian Government to develop any relevant business cases.
## Appendix 1  People consulted

<table>
<thead>
<tr>
<th>Name</th>
<th>Position, organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alan Fisher</td>
<td>Liaison nurse, Mental Health and Drugs, MLHD</td>
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<tr>
<td>Jennifer Manwaring</td>
<td>Team Manager, Albury Mental Health and Drug and Alcohol, MLHD</td>
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<tr>
<td>Alison Thorne</td>
<td>Community Mental Health Manager, Albury Mental Health and Drug and Alcohol, MLHD</td>
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<tr>
<td>Matthew Leahy</td>
<td>Clinical Leader – Rehabilitation and Recovery, MLHD</td>
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<tr>
<td>Louise Wilson</td>
<td>Acting Adult Team Clinical Leader, Albury Community Mental Health, MLHD</td>
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<tr>
<td>Glen Reeks</td>
<td>Business and Information Manager, Mental Health and Drug and Alcohol, MLHD</td>
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<tr>
<td>Robyn Manzie</td>
<td>Director Mental Health and Drug and Alcohol, MLHD</td>
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<tr>
<td>Dennis Churchill</td>
<td>Manager Service Development, Planning and Reportable Projects MLHD MHDA</td>
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<tr>
<td>Sonya Bull</td>
<td>Governance Manager MLHD MHDA</td>
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<tr>
<td>Craig Martin</td>
<td>Manager Inpatient/MHECS/DON MLHD MHDA</td>
</tr>
<tr>
<td>Nolan House staff</td>
<td>Mental Health and Drug and Alcohol, MLHD</td>
</tr>
<tr>
<td>Community Mental Health staff</td>
<td>Mental Health and Drug and Alcohol, MLHD</td>
</tr>
<tr>
<td>Laura Collister</td>
<td>General Manager, Mental Illness Fellowship</td>
</tr>
<tr>
<td>Maria O’Connor</td>
<td>Local Manager, Mental Illness Fellowship</td>
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<tr>
<td>Catherine Upcher</td>
<td>CEO, Rural Housing</td>
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<tr>
<td>Janine Lawler</td>
<td>Client Services Manager, Junction Support Services</td>
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<tr>
<td>Patricia Weekes</td>
<td>CEO, Mercy Centre</td>
</tr>
<tr>
<td>Cameron Butler</td>
<td>CEO, Beechworth Health Service</td>
</tr>
<tr>
<td>Andrew Freeman</td>
<td>CEO, Benalla Health</td>
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<tr>
<td>Neil Stott</td>
<td>Executive Director, Benalla Health</td>
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<tr>
<td>Loretta Foster</td>
<td>Manager Mental Health, Gateway Community Health</td>
</tr>
<tr>
<td>Tony Dunn</td>
<td>Director Health and Aged Care, Hume Region</td>
</tr>
<tr>
<td>Ruth Devonport</td>
<td>Group Operations Director, Mind Australia</td>
</tr>
<tr>
<td>John Elcock</td>
<td>Director Medical Services, Northeast Health Wangaratta</td>
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<tr>
<td>Jan Lang</td>
<td>Director Operations, Ovens and King Community Health</td>
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<tr>
<td>Michael Nuck</td>
<td>Director Mental Health, North East and Border Mental Health Service</td>
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<tr>
<td>Jacinta Flood</td>
<td>ASET Manager, Albury Wodonga Health</td>
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<tr>
<td>Danny McCulloch</td>
<td>Clinical Services Manager, Life Without Barriers</td>
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<tr>
<td>Anne Francis</td>
<td>Coordinator Consumer Participation, Mental Health and Drug and Alcohol, MLHD</td>
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<tr>
<td>Matt Sainty</td>
<td>Consumer Advocate, Wagga Wagga, Mental Health and Drug and Alcohol, MLHD</td>
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<tr>
<td>Michael Enright</td>
<td>Nurse Unit Manager Emergency Department, Albury Wodonga Health</td>
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<tr>
<td>Angela Maguire</td>
<td>Team Leader Drug and Alcohol, Mental Health and Drug and Alcohol, MLHD</td>
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<tr>
<td>Rosemary Garthwaite</td>
<td>Border Rural Group Manager, MLHD</td>
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<tr>
<td>Diane Doyle</td>
<td>Health Service Manager, MLHD (Barham)</td>
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<tr>
<td>Mark Massey</td>
<td>Senior Nurse Manager, MLHD (Finley)</td>
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<tr>
<td>Danny Baxter</td>
<td>Manager Community Health, MLHD (Albury)</td>
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<tr>
<td>Jane Simpson</td>
<td>St Luke’s, Albury</td>
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<td>Anthony Samuels</td>
<td>Director of Psychiatry Gissing House, Mental Health and Drug and Alcohol, MLHD</td>
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<tr>
<td>Sharlene Brown</td>
<td>Nurse Manager Gissing House, Mental Health and Drug and Alcohol, MLHD</td>
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<tr>
<td>Daniel Whiting</td>
<td>Hume Medicare Local</td>
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<tr>
<td>Jacki Eckert</td>
<td>Director Primary Care, Hume Medicare Local</td>
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<tr>
<td>Paul Harding</td>
<td>Regional Manager, Housing NSW</td>
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<tr>
<td>Peter Colliccoat</td>
<td>Executive Director, Northeast and Border Mental Health Service</td>
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<tr>
<td>Peter Mc Leod</td>
<td>St Matthews Church Albury</td>
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<tr>
<td>Miller</td>
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<tr>
<td>Stuart Spring</td>
<td>CEO, Albury Wodonga Health</td>
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<tr>
<td>Helen Rowland</td>
<td>Manager, Data Management, Albury Wodonga Health</td>
</tr>
<tr>
<td>Name</td>
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<tr>
<td>Martin Clifford</td>
<td>Executive Director, Financial and Corporate Support, Albury Wodonga Health</td>
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<tr>
<td>Matthew Hercus</td>
<td>Mental Health Drugs and Regions, Vic Dept of Health</td>
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<tr>
<td>Leanne Beagley</td>
<td>Director Operations, Mental Health Drugs and Regions, Vic Dept of Health</td>
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<tr>
<td>Giuseppe Scotto</td>
<td>Mental Health Drugs and Regions, Vic Dept of Health</td>
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<td>Peter Nagel</td>
<td>Mental Health Drugs and Regions, Vic Dept of Health</td>
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<tr>
<td>Leanne Wellstead</td>
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<tr>
<td>Genevieve McAuliffe</td>
<td>SMHOPS Clinical Leader, Mental Health and Drug and Alcohol, MLHD</td>
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<tr>
<td>Pam Brinsmead</td>
<td>Coordinator SMHOPS, Mental Health and Drug and Alcohol, MLHD</td>
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<tr>
<td>Brad Moore</td>
<td>Coordinator CAMHS/MH Promotion/Prevention &amp; EI – MLHD</td>
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<tr>
<td>Graham Garland</td>
<td>Coordinator Drug and Alcohol MLHD</td>
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<tr>
<td>Rui Rodrigues</td>
<td>AgNM, Nolan House</td>
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<tr>
<td>Alan England</td>
<td>Clinical Director of NEBMHS and Albury</td>
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<td>Sue Dentice</td>
<td>MHECS CNC MLHD Albury</td>
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Appendix 2   Consultation workshops

Workshops were conducted during the weeks of 7 January and 21 January 2013. Staff and stakeholders from across the catchment attended in person or by teleconference, to discuss service delivery issues and models. At each workshop it was agreed that there would need to be more detailed discussions in the lead-up to and following the amalgamation.

Youth services

Summary of the outcomes of this workshop:

- While both Victorian and NSW governments have indicated they want better outcomes for young people (defined as approximately 15 to 24), their models seem to be different
- There is an opportunity to create an AWH model which is consistent with both Governments’ requirements while meeting the needs of the local community
- Workshop participants recommended a youth model for AWH, that should not replace the roles of CAMHS and adult services, but should exist in parallel and in partnership
- A “youth team” would be responsible for working with other agencies and individuals to build the youth platform across the catchment; providing support for CAMHS and adult teams who are working with young people; assisting where necessary young people to make the transition from CAMHS to adult services; identifying service needs and working on them; implementing a community development program around youth wellbeing.

<table>
<thead>
<tr>
<th>In attendance:</th>
<th>Via teleconference:</th>
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<tbody>
<tr>
<td>• Alison Thorne, Community Mental Health / Drug and Alcohol Manager MLHD</td>
<td>• Anne Francis, Coordinator Consumer Participation MHDA MLHD</td>
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<tr>
<td>• Pauline Brandon, Service Development AWH NEBMHS</td>
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<td>• Stefan Anderson, AWH ACMH</td>
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<td>• Gail Biggs, NECAMHS</td>
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<td>• Pip Seller, EPS NECAMHS</td>
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<td>• Hamish Alker-Jones, EPS/NECAMHS</td>
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<td>• Michelle Jones, NECAMHS</td>
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<td>• Terry Scanlan, Acting Manager NECAMH</td>
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<td>• Joshua Hick, NECAMHS</td>
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<td>• Brad Moore, Coordinator CAMHS/MH Promotion/Prevention &amp; EI – MLHD</td>
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<td>• Carolyn Enshaw, ACMH – Youth Mental Health Worker</td>
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<td>• Katy McCarron, Albury CAMHS</td>
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<td>• Jennifer Manwaring, Team Manager Albury MHDA</td>
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<td>• Dennis Churchill, Manager Service Development MLHD MHDA</td>
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<td>• Alison Hallahan, Principal Biruu. Health</td>
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<tr>
<td>• Courtney Fernando, Health Analyst Biruu. Health</td>
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In attendance: 

1. Alison Thorne, Community Mental Health / Drug and Alcohol Manager MLHD
2. Pauline Brandon, Service Development AWH NEBMHS
3. Stefan Anderson, AWH ACMH
4. Gail Biggs, NECAMHS
5. Pip Seller, EPS NECAMHS
6. Hamish Alker-Jones, EPS/NECAMHS
7. Michelle Jones, NECAMHS
8. Terry Scanlan, Acting Manager NECAMH
9. Joshua Hick, NECAMHS
10. Brad Moore, Coordinator CAMHS/MH Promotion/Prevention & EI – MLHD
11. Carolyn Enshaw, ACMH – Youth Mental Health Worker
12. Katy McCarron, Albury CAMHS
13. Jennifer Manwaring, Team Manager Albury MHDA
14. Dennis Churchill, Manager Service Development MLHD MHDA
15. Alison Hallahan, Principal Biruu. Health
16. Courtney Fernando, Health Analyst Biruu. Health

Via teleconference:

1. Anne Francis, Coordinator Consumer Participation MHDA MLHD
Child and Adolescent Mental Health Services (CAMHS)

Summary of outcomes from this workshop:

- CAMHS services are co-located with adult teams in MLHD, this was seen as a model that could be adopted across the catchment. This means CAMHS services would be located in the two community-based services hubs in Wangaratta and Albury Wodonga. Each hub would have the responsibility for local service delivery, coordination with partners (schools and post-compulsory education, family services, justice services, housing, employment services, etc), outreach to individuals and/or schools in their catchment, and coordination across their catchment.

- The residential service in Wodonga for young people should be sufficient to meet the needs of young people in the catchment, particularly if the youth model (see other workshop) works to bring a better service platform including housing and other support services.

- Inpatient services are a very last resort for children and adolescents. Children under 12 would be admitted only to the children’s unit in their own state. Admissions for adolescents should be sought (in priority order): in local paediatric units if this is clinically appropriate and if support can be provided to the paediatricians and paediatric nursing teams; in metropolitan adolescent units; in local adult units only for very short periods of time while a better option is found. Young people admitted to adolescent units would receive full-time care from a CAMHS clinician.

- If the local paediatric units are to play a greater role in the mental health service system, they need detailed clinical and psychosocial liaison and consultation, as well as training and development for paediatric staff.

In attendance:

- Alison Thorne, Community Mental Health / Drug and Alcohol Manager MLHD
- Pip Seller, EPS NECAMHS
- Hamish Alker-Jones, EPS/NECAMHS
- Terry Scanlan, Acting Manager NECAMHS
- Katy McCarron, Albury CAMHS
- Jennifer Manwaring, Team Manager Albury MHDA
- Dennis Churchill, Manager Service Development MHDA MLHD
- Brad Moore, Coordinator CAMHS/MH Promotion and Prevention MLHD
- Alison Hallahan, Principal Biruu.Health
- Courtney Fernando, Health Analyst Biruu.Health

Via teleconference:

- Anne Francis, Coordinator Consumer Participation MHDA MLHD
Drug and alcohol services

Summary of outcomes for this workshop:

- The Victorian and NSW models are very different, but each has strengths. In NSW services are provided as a separate clinical stream within the public mental health and alcohol and drug services. In Victoria, services are provided by community health and other non-government agencies under contracts with the Victorian Department of Health
- The Victorian Government is currently undergoing a significant redevelopment of drug and alcohol services, and is likely to re-tender all services as a result
- There was agreement that residents across the new AWH catchment should have access using a ‘no wrong door’ approach to access and a ‘one door out’ approach to assist people to embark on recovery and rehabilitation. People felt that these philosophical principals could help to bring together a common approach across the AWH catchment
- Given the changes on the Victorian side, the workshop agreed the best plan was to continue to communicate and learn, while awaiting a clear outcome for Victoria. Detailed planning could be done then.

In attendance:

- Greg Calder, AWH MHS
- Stefan Anderson, AWH CMH
- Michael Nuck, Deputy Director Mental Health AWH
- Gary Croton, Regional Dual Diagnosis
- Jennifer Manwaring, Community Team Manager MHDA Albury
- Alison Thorne, Community Mental Health / Drug and Alcohol Manager MLHD
- Jürgen Hemmerling
- Angela McGuire Team Leader Albury D&A

Via teleconference:

- Anne Francis, Coordinator Consumer Participation MHDA MLHD
- Graham Garland Coordinator Drug and Alcohol MLHD
Adult mental health services

A summary of the outcomes of this workshop:

- While participants recognised that there are some differences between the existing service systems, there are many similarities
- Some features of the NSW system would be very useful in Victoria (particularly Mental Health Emergency Consultation Service model) while some Victorian models would be useful in NSW (particularly cross-catchment specialised services such as early psychosis services, primary mental health model)
- The service system should be based around three community service hubs in Wangaratta, Albury and Wodonga. Each hub should be responsible for direct service delivery within its own catchment, support to inpatient and residential services, outreach services to smaller communities, clinical governance and management support to the community-based workers in their area, consultation with consumers and carers
- There should be a residential service for people needing a longer length of stay (say one to two years). There are two existing services with a total of 23 beds. This is likely to be sufficient to meet the needs of people in the catchment, although this will be confirmed by NSW Health
- The role of the sub-acute unit (expected length of stay about four weeks) is valued, and the new service to be established in Wodonga this year should be able to cater for the needs of people in the catchment
- The inpatient units will continue to be located at Wangaratta, Albury and Wagga Wagga, and it is expected existing patient flows will continue. NSW Health will be asked to advise on benchmarks for inpatient services
- The adult service system should work in close collaboration with partners to ensure services are available in settings across the catchment (community health, GP’s offices, small local hospitals, other appropriate settings) and that the needs of the individual are understood and there is a coordinated plan to achieve them.

In attendance:

- Rui Rodrigues, AgNM, Nolan House
- Greg Calder, AWH MHS
- Stefan Anderson, AWH CMH
- Michael Nuck, Deputy Director Mental Health AWH
- Matthew Leahy, Clinical Leader – Rehab and Recovery Albury – AWH
- Danielle McLeish, Wodonga AMHS
- Gary Croton, Regional Dual Diagnosis
- Jennifer Manwaring, Community Team Manager MG DA Albury
- Alison Thorne, Community Mental Health / Drug and Alcohol Manager MLHD
- Alan England, Clinical Director of NEBMHS and Albury
- Dennis Churchill, Manager Service Development MHDA MLHD
- Alison Delphin, Recovery Project Officer ACMH Wodonga
- Phil Terrell, Team Leader Wodonga AMHS
- Peter Humby, Community Mental Health, WANS
- Brad Samuels, Benambra Rehabilitation Service
- Louise Wilson, Albury Community Mental Health Acting Adult Team Clinical Leader
- Joanne Brown, Wodonga Community Mental Health
- Alison Hallahan, Principal Biruu.Health
- Courtney Fernando, Health Analyst Biruu.Health

Via teleconference:

- Jenny Ahrens
- Betty Payne
- Wolf Scheuermann
- Tony North
- John Plate
- Sue Bell
- Terry Jude
- Susan Hill
- Anne Francis, Coordinator Consumer Participation MHDA MLHD
Aged Persons’ Mental Health Services

Summary of outcomes from this workshop:

- There is an existing network of acute and community-based services across the catchment, which would appropriately be maintained following the amalgamation, possibly with some review of resource levels.

- Currently, NSW operates a sub-acute inpatient dementia service in Wagga Wagga and Victoria operates a residential service in Beechworth. Workshop participants felt both of these models provide appropriate care for a particular group of people, and that the North East and Border Mental Health Service should continue to provide both a medium-term sub-acute option and a longer-term residential option for older people. Workshop participants felt it would be appropriate to co-locate these service types with the Wodonga campus of Albury Wodonga health.

- Emergency departments and acute medical and surgical units across the catchment need access to consultation and liaison services so they can better meet the needs of older people with dementia, mental illness and/or delirium.

- A new service system would be developed over time, and is likely to include:
  - A network of community-based services based in hubs at Wangaratta and Albury Wodonga.
  - A single residential service based in Albury Wodonga. This would be complemented by a greater range of support options for older people in their own homes or residences.
  - Sub-acute / transitional inpatient units located in Albury Wodonga, Wagga Wagga and possibly in Wangaratta.
  - Access to acute inpatient care in existing acute inpatient units: Nolan House, Gissing House and Kerferd Unit.
  - Highly specialised cross-catchment services such as DBMAS, nurse practitioner.

In attendance:

- Jacinta Flood, Aged Services Coordinator Albury Hospital emergency department
- Sandra Davidson, Manager Older Persons’ Mental Health Services, Albury Wodonga Health
- Alison Hallahan, Principal Biruu.Health

Via teleconference:

- Dennis Churchill, Manager Service Development MHDA MLHD
- Belinda Scott, Team Leader, Dementia Behaviour Management Advisory Service, MLHD
Access to services

Summary of outcomes from this workshop:

• There are very different approaches, systems and resources for access services on either side of the border

• Existing approaches have developed over time, and each state feels that many of the main problems around access have been addressed: equity, availability, access for people in remote locations

• There may be some scope to change access arrangements, but this should be done very cautiously and only after the amalgamation has settled down

• Assessment services are more similar than most people expected: while Victoria has CAT and NSW doesn’t, the differences appear to be mostly in the name, rather than the service models

• The Mental Health Emergency Consultation Service provides assessment and consultation services in emergency departments across MLHD in person or by videoconference. This model was seen as a very useful addition to the service system, and workshop participants wondered if there would be opportunities to expand it across Victoria. Note that the main implementation difficulties were reported to be in the outlying health services, with MHECS staff and consumers seeming to value the system. This may cause issues in Victoria, where the outlying emergency departments are operated by independent health services and AWH can only influence.

In attendance:

| Jennifer Manwaring, Team Manager Albury MHDA | Dennis Churchill, Manager Service Development MHDA MLHD |
| Sue Dentice, MHECS CNC MLHD Albury | Alison Thorne, MHDA Community Manager – Murrumbidgee LHD |
| Craig Martin, MHLD Inpatient Services Manager | Brad Moore, Coordinator CAMHS/MH Promotion and Prevention EI Coordinator MLHD |
| Matthew Leahy, Clinical Leader – Rehab and Recovery Albury – AWH | Brian Kennedy, Wodonga AMHS |
| Joshua Hick, NECAMHS | Alison Delphin, Recovery Project Officer ACMH Wodonga |
| Colleen Sinclair, NUM – AWH Beechworth Campus | Sandra Davidson, Older Persons MH |
| Angela McGuire, Drug and Alcohol Team Leader/Clinician | Michelle Jones, NECAMHS – Triage and Intake Senior |
| Michael Nuck, Deputy Director Mental Health AWH | Robyn Manzie, Director Mental Health and Drug and Alcohol, Murrumbidgee LHD |
| Rui Rodrigues, AgNM MHDA Albury | Peter Collicoat, Executive Director-Northeast and Border Mental Health Service |
| Greg Calder, AWH Mental Health | Alison Hallahan, Principal Biruu.Heath |
| Alan England, Clinical Director Albury and NGB | Courtney Fernando, Health Analyst Biruu.Heath |

Via teleconference:

| Anne Francis, Coordinator Consumer Participation MHDA MLHD | |